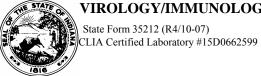
VIROLOGY/IMMUNOLOGY REQUEST



ISDH Lab No.	
Date Rec'd	

DATE OF ONSET MUST BE PROVIDED FOR TESTING

SPECIMEN/FORM WITHOUT NAME AND DATE OF COLLECTION WILL NOT BE ANALYZED								
Patient's Name		(Last)	(First)		(Middle)			
Birthdate R	ace Sex	County	_	Occupation				
☐ A	on Date: Specimen / / Source of Specimen: Acute serum / / Convalescent serum / /							
LABORATORY EXAMINATIONS AVAILABLE SEROLOGY Influenza virus Rubella IgM IgM IgM Arbovirus (EEE, WEE, SLE, CE, and WNV) Legionella IgM IgM IgM Typhus Coronavirus (SARS-CoV, Urbani strain) Mumps IgM IgM IgM Typhus Coxiella (Q-Fever) Mycoplasma pneumoniae West Nile Virus Ehrlichia Parainfluenza virus Varicella (VZV) IgM Imantavirus Hantavirus Respiratory Syncitial Virus (RSV) Other Rocky Mt. Spotted Fever					☐ IgM ☐ IgG Virus VZV) ☐ IgM ☐ IgG			
CULTURE ☐ Adenovirus ☐ Cytomegalovirus (CMV) ☐ Enterovirus (Coxsackievirus, Echovirus) ☐ Herpes Simplex (HSV) ☐ Influenza virus ☐ Measles		Preferred Source Stool Nasopharyngeal (NP)	☐ Mumps ☐ Parainfluenza vi ☐ Respiratory Syn ☐ Rubella ☐ Varicella virus (☐ Other	luenza virus Nasopharyngeal (NP) tory Syncitial Virus la virus (VZV)				
PCR Norovirus Mycoplasma pneumoniae		Preferred Source Stool Nasopharyngeal (NP)	Other		_			
		SYMPTO	OMS					
General Fever (°) Headache Sore Throat Cough Myalgia Anorexia Otitis Parotitis	CNS Encephalitis Meningitis Neck Rigidity Seizures Paralysis Chorea	Exanthema Maculopapul Papular Hemorrhagic Vesicular Petechial Erythema Mi Oral Lesion Genital Lesio	Chor Blurn Organo igrans Splei Hepa	nomegaly atomegaly	State of Illness Symptomatic Asymptomatic Chronic Localized Disseminated			
Respiratory Common Cold Acute Resp. Distress Bronchitis Pneumonitis Pharyngitis Upper Resp. Infection	Gastrointestinal Nausea Vomiting Diarrhea Abdominal Pain Constipation Gastroenteritis	Cardiovascular Myocarditis Pericarditis Endocarditis Cardiomegal	☐ Jaun ☐ Lym ☐ Pleu	dice phadenopathy rodynia				

Please Include Species Information and Da					tion and Dates	·		
☐ Contact W		Insects				Birds		
And / C		Animals				Human Cases		
☐ Exposure	То	Other						
Similar Infect	tion: Fam	ily? 🗌 No	Yes:	Or Community?	☐ No	Yes		
Recent travel? No Yes Location/Date:								
T	D 1	1		D . D . (M	41 /D /W	- \	D (C 1 (1/M (1/D /W)	
Treatment:	1	sed		Date Begun (M	onth/Day/Y	<u>ear)</u>	Date Completed (Month/Day/Year)	
-	1.							
-								
-	3.			-		,		
Related Immu	unizations	3	Month/Year		1	ccinations	Month/Year	
2.					2			
2					2			
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Submitting L	ah				Dhycici	ian's Name		
Submitting L	<u>au</u>				1 Hysic	ian s ivanic		
Address			Address					
Addiess					Addies			
Phone					Phone			
r iione					Filone			
Fax					Fax			
гах					гах			
Contact Perso	on							
_								
MAILING ADDRESS SHIPPING ADDRESS (FOR COURIER/DROP-OFF)								
INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES			INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES					
550 W. 16 th STREET, SUITE B			550 W. 16 TH STREET, SUITE B					
INDIANAPOLIS, IN 46202-2203			INDIANAPOLIS, IN 46202					
(317) 921- 5500			(317) 921-5500					

SPECIAL INSTRUCTIONS

SEROLOGY/VIRAL ANTIBODY

Submit 3ml serum collected at onset of illness followed by a convalescent serum drawn 2-3 weeks later (3-4 weeks for Legionnaires Disease). Alternatively, hold the acute for the convalescent serum and send together. Use sterile tubes with leak proof screw cap lids.

Serum specimens may be shipped without refrigeration in suitable mailing containers (e.g., ISDH type 9A)

VIRUS CULTURE

Collect specimen for virus culture as early as possible in the acute stage of illness. The usual specimens collected, depending on the virus suspected: NP swabs or throat swabs, stools or rectal swabs, cerebrospinal fluid, effusion fluid, vesicle fluids, lesion swabs or scrapings, biopsy tissue, and postmortem tissues. Use viral transport media for all swabs.

Refrigerate specimens for virus culture immediately after collection. Ship specimens within 24 hours, using ice packs in a heavily insulated box. Pack to prevent breakage or spillage and to conform to shipping regulations.

Freeze specimens for virus culture if they cannot be delivered within 24 hours. Ship frozen specimens on 10 lb. dry ice in a heavily insulated box. **Do not ship on Friday**, hold in freezer for Monday shipping.

MOLECULAR/PCR

Norovirus stool specimens must remain cold from collection to delivery and be delivered within 24 hours of collection. Use container 7A.

Mycoplasma pneumoniae nasopharyngeal (NP) swabs in M4-3 transport media must remain cold from collection to delivery and be delivered within 24 hours of collection.

Ship for overnight delivery. Do not ship on Friday. Insulated containers must be enclosed within a cardboard outer shipping container.